

Student Financial Aid-Educational Assistance Verification
(Sample form)

Date: _____

To: _____

From: _____

Name of Institution or Organization

Apartment Community Name

Address

Management Representative

City, State, Zip

Address

City, State, Zip

Subject: Verification of Information Supplied by an Applicant/Resident for Housing Assistance

Name of Applicant/Resident _____

Address _____

City, State, Zip _____

Social Security Number _____

We are required to verify the income of all household members applying for admission as residents to Sacramento Housing and Redevelopment Agency assisted housing apartments and to re-determine periodically the income of resident households. This information is to be used in determining the household's eligibility or level of benefits. To comply with this requirement, we ask your cooperation in completing the applicable items for the applicant/resident listed above and to return this information to the apartment community listed above. Your prompt return of this information will help assure timely processing of the applicant/recertification. A stamped, self-addressed return envelope is enclosed. The applicant/resident has consented to the release of information as shown below. Thank You.

INFORMATION BEING REQUESTED:

(1) <u>Source of Financial Aid/Education Assistance</u> *	(2) <u>Amount Received</u> **
_____	\$ _____ <input type="checkbox"/> Quarter <input type="checkbox"/> Semester <input type="checkbox"/> Annual
_____	\$ _____ <input type="checkbox"/> Quarter <input type="checkbox"/> Semester <input type="checkbox"/> Annual
_____	\$ _____ <input type="checkbox"/> Quarter <input type="checkbox"/> Semester <input type="checkbox"/> Annual

* Enter the source of the assistance (e.g., Pell Grant; scholarships). PLEASE **DO NOT** INCLUDE STUDENT LOANS.

** Include amount of Financial Aid/Assistance.

Continued on next page...



Student Financial Aid-Educational Assistance Verification (continued)

(3) Of the Financial Aid/Assistance listed above, how much is received for tuition:
\$ _____ Quarter Semester Annual

(4) Is a portion or all of the tuition waived for any reason? Yes No

If yes, explain the amount waived _____

Name of Institution or Organization

Date Stamp / Official Seal

Print Name/Signature

Title/Telephone Number

RELEASE: I hereby authorize the release of the requested information. There are circumstances, which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent, attached to a copy of this consent.

Applicant/Resident Signature

Date

PENALTIES FOR MISUSING THIS CONSENT:

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person, who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 USC 208 (f) (g) and (h). Violations of these provisions are cited as violations of 42 USC 408 (f) (g) and (h).

